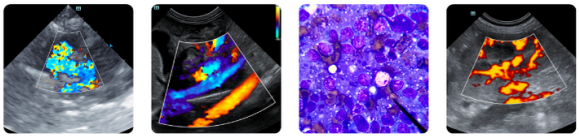

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PATIENT

Simon McGougan

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

4 years

WEIGHT

6.8 kg

INTERPRETED BY

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Animal Emergency Clinic of the High Country

REFERRING VET

Dr. Watson

INVOICE

11284

DATE

2/12/2026

PRESENTING CLINICAL SIGNS

- P presented yesterday evening for straining to urinate, small amt of blood in litter box, going in and out of box and vocalizing.

Abnormal PE/Chem/CBC/UA Results: CBC EPOC wnl urinalysis usg 1.050, Pro 500 mg/dL, Bld 250 ery/ul, WBC 14 /hpf, RBC >50/hpf, non-hyaline casts <1, Unclassified crystals 1-5 /hpf.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall is thickened, particularly in the ventral region with mild mucosal irregularity. It measures approximately 0.49 cm in the apical region. There is a moderate amount of suspended and dependent shadowing, hyperechoic debris, most consistent with sandy debris/small stones which demonstrate “twinkle” artifact. The region of the trigone is free of any mass lesions, or calculi. The wall is moderately thickened and there is hyperechoic fat surrounding the trigone region with a scant amount of free fluid. There is some free fluid visualized near the apex of the urinary bladder as well.

The left kidney has a normal shape and size (5.05 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.7 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.36 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

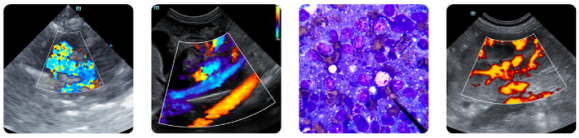
The right adrenal gland is normal in size measuring 0.3 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is borderline large in size (1.14 cm), echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. The tail of the spleen appears mildly mottled with a somewhat scalloped margin.

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.



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In some views the gallbladder has a septate appearance. The lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and likely incidental at this time. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains mild fluid. It measures at a normal thickness of <0.36cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. The duodenum measured as normal (0.28 cm in wall thickness) and the jejunum measured as normal (0.2 cm.) Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

Evaluation of the peritoneal cavity revealed scant free fluid visualized at the apex and trigone of the urinary bladder. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is hyperechoic around the urinary bladder, particularly in the region of the trigone.

ULTRASONOGRAPHIC FINDINGS

- Thickened urinary bladder wall with intraluminal sandy debris/small stones and surrounding trigonal inflammation and scant free fluid. Findings could be consistent with severe cystitis +/- a previously obstructed/traumatized urinary bladder, and free fluid secondary to cystocentesis, a small rupture, secondary inflammation, etc.

- Mildly mottled, scalloped tail of the spleen. The diffuse splenic changes are non-specific and could be consistent with lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The urinary bladder is thickened, particularly in the ventral wall with intraluminal dependent and suspended shadowing debris, most consistent with mineralized sandy debris and small stones. These changes are most consistent with cystitis (sterile versus inflammatory, although an underlying neoplastic process can't be ruled out.) Additionally, there's a scant amount of free fluid surrounding the urinary bladder and some inflammation near the trigone. Depending on this pet's presentation and previous interventions, this could represent severe inflammation, secondary to an obstructed urinary

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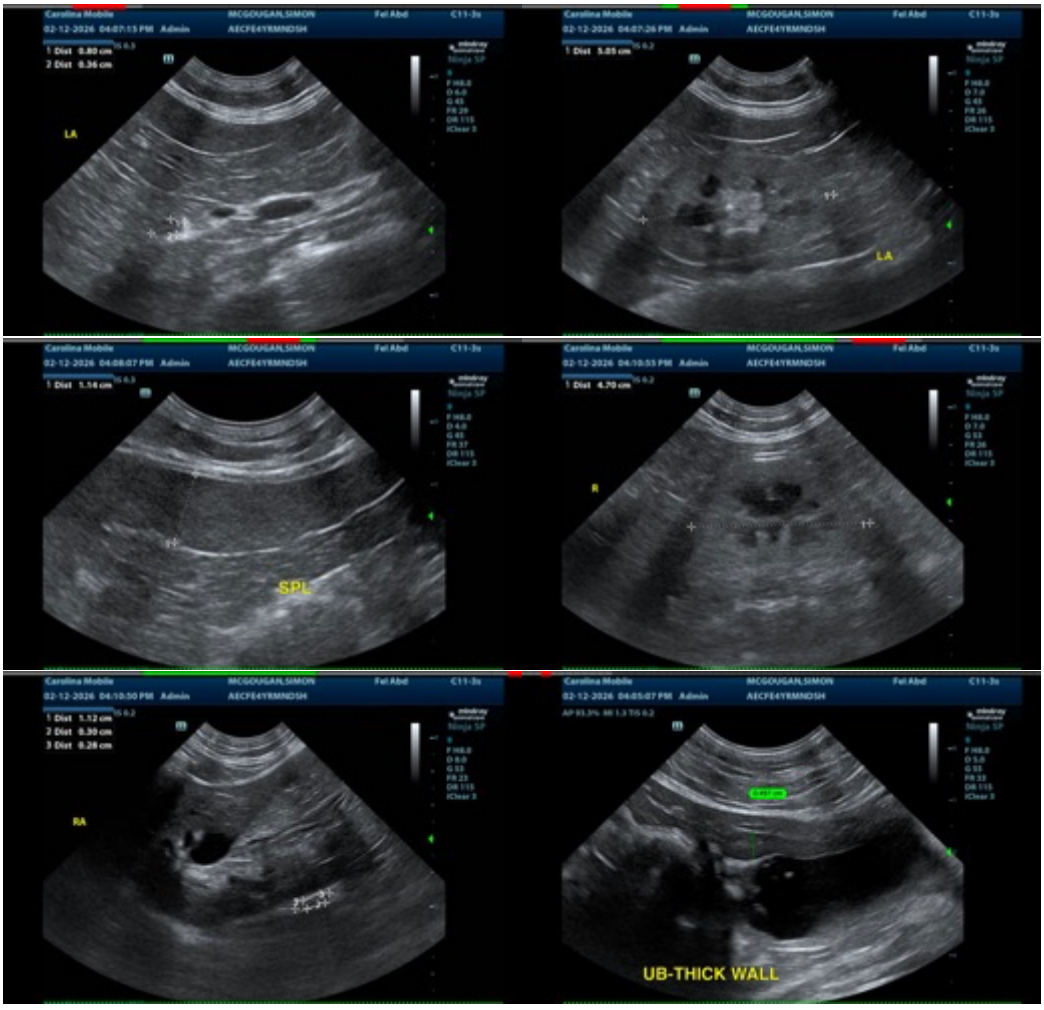
bladder and catheterization. This could be seen secondary to cystocentesis and mild iatrogenic urine leakage, or even a small bladder tear. Based on the presentation I would recommend sedation and placement of an indwelling urinary catheter, to ensure patency of the more distal urethra to get a urine sample and urine culture, and to allow the urinary bladder to rest emptied and potentially heal if trauma is a concern. Based on these results, further treatment for urinary tract disease can be considered. Correlate these findings with abdominal radiographs to better assess the size and number of mineralizations present, and if a cystotomy should be considered.

The tail of the spleen is mildly mottled and scalloped. I suspect this represents benign change but a fine needle aspirate could be considered or at least continued monitoring.



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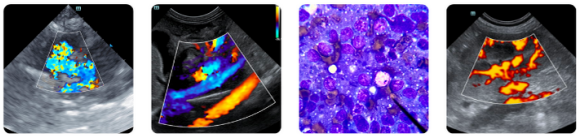

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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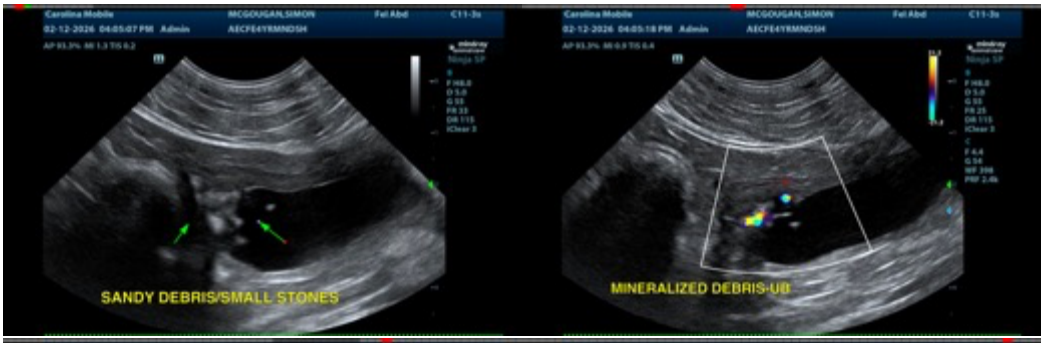

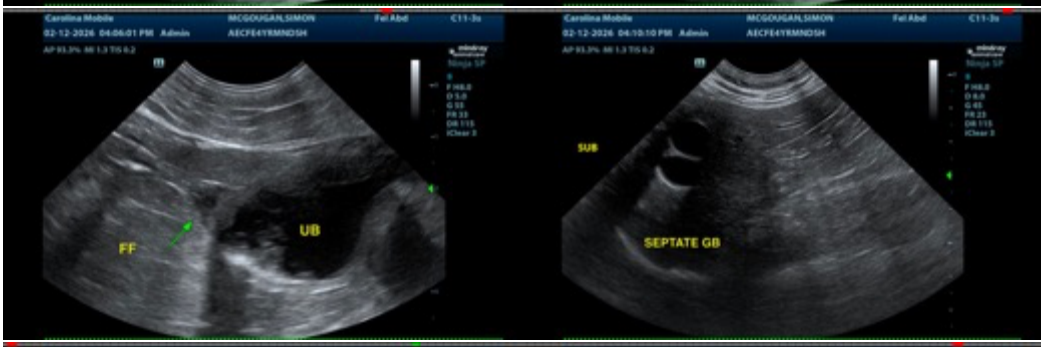

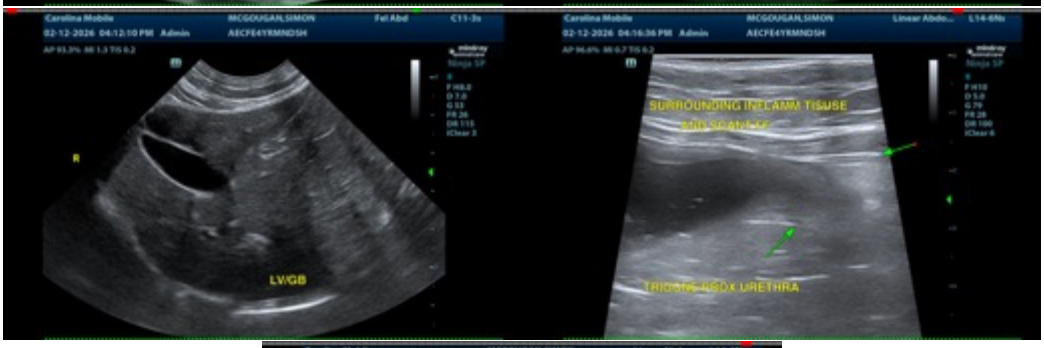

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine). info@sonopath.com